

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 578578

FILING DATE

05-5-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
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8						
9						
10						
11						
12	1					
13						
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16						
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18						
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21	1					
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30						
31						
32						
33	1					
34						
35						
36						
37						
38						
39						
40						
41						
42						
43	1					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63	1					
64						
65						
66						
67	1					
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96						
97						
98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			19			

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